



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

REHAB 2112
200 WYNNEWOOD VILLAGE
DALLAS TX 75224

Respondent Name

ACE AMERICAN INSURANCE CO

Carrier's Austin Representative Box

Box Number 15

MFDR Tracking Number

M4-10-3073-01

MFDR Date Received

MARCH 5, 2010

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Per DWC guidelines, WH should be reimbursed at \$64.00 per hour for CARF accredited facilities, with units of less than 1 hr being prorated by 15 minute increments. The initial FCE sets forth the plan of care that indicates that the patient participates in ADLs during the lunch period. The daily notes indicate the time spent doing these activities. See attached documentation. Per Rule 134.600, preauth is only required for work hardening for CARF accredited facilities if the work hardening exceeds the ODG. The ODG allows for 20 sessions for this DX code. DOS 11/19/09 is the 20th session, therefore preauth is not required for this date."

Requestor's Supplemental Position Summary: "We have not received payment for the issues in dispute. The Carrier keeps maintaining they paid us but the payments they made were received prior to me filing this dispute, on other words, they were not correct, therefore MDR was filed."

Amount in Dispute: \$448.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Carrier issued payment to Provider for DOS 11-1 Per the TX Fee Guidelines."

Response Submitted by: Downs Stanford P.C.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 13, 2009 November 16, 2009 November 17, 2009	Work Hardening Program – CPT Code 97546-WH-CA (1/2 hour)	\$32.00/day	\$96.00
November 19, 2009	Work Hardening Program – CPT Code 97546-WH-CA (3 1/2 hours)	\$224.00	\$224.00
November 19, 2009	Work Hardening Program – CPT Code 97546-WH-CA (2 hours)	\$128.00	\$128.00
TOTAL		\$448.00	\$448.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.204, effective March 1, 2008, 33 Texas Register 626, sets the reimbursement guidelines for the disputed service.
3. 28 Texas Administrative Code §134.600, effective May 2, 2006, requires preauthorization for specific treatments and services.
4. 28 Texas Administrative Code §137.100, effective January 18, 2007, sets out the use of the treatment guidelines.
5. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- 39-Services denied at the time authorization/pre-certification was requested.
- 880-106-Denied per Insurance: Pre-authorization request was denied. 100%
- 885-004-Service(s) not reimbursed as the pre-authorization request was denied by the carrier (Rule 133.6000) \$0.00.
- W1-Workers compensation state fee schedule adjustment.
- 663-Reimbursement has been calculated according to state fee schedule guidelines.

Issues

1. Does a preauthorization issue exist in this dispute?
2. Is the requestor entitled to reimbursement?

Findings

1. According to the explanation of benefits, the respondent initially denied reimbursement for all the disputed services based upon reason codes "29, 880-106, and 885-004," however, upon reconsideration, the respondent only maintained this position for November 19, 2009.
28 Texas Administrative Code §134.600 (p)(4), requires preauthorization for "all non-exempted work hardening or non-exempted work conditioning programs."
The requestor submitted documentation to support it is a DWC exempt work hardening program.
28 Texas Administrative Code §134.600 (p)(12) requires preauthorization for "treatments and services that exceed or are not addressed by the Commissioner's adopted treatment guidelines or protocols and are not contained in a treatment plan preauthorized by the carrier."
According to the Official Disability Guidelines (ODG), a work hardening program is a recommended treatment for wrist and hand sprain and strain. The ODG limits the work hardening program to twenty (20) sessions. The requestor indicated that date of service November 19, 2009 was the twentieth session; therefore, the disputed work hardening program does not require preauthorization. As a result, a preauthorization issue does not exist and reimbursement is recommended.
2. According to the submitted explanation of benefits, the respondent issued payment for the disputed services based upon reason codes "W1 and 663." The requestor contends that payment was not in accordance to the fee guideline and that additional payment is due. The Division reviewed the submitted documentation and finds the following:
28 Texas Administrative Code §134.204(h)(1)(A) states " If the program is CARF accredited, modifier "CA" shall follow the appropriate program modifier as designated for the specific programs listed below. The hourly reimbursement for a CARF accredited program shall be 100 percent of the MAR."
28 Texas Administrative Code §134.204(h)(3) states "3) For Division purposes, Comprehensive Occupational Rehabilitation Programs, as defined in the CARF manual, are considered Work Hardening.
(A) The first two hours of each session shall be billed and reimbursed as one unit, using CPT Code 97545 with modifier 'WH.' Each additional hour shall be billed using CPT Code 97546 with modifier 'WH.' CARF accredited Programs shall add 'CA' as a second modifier.
(B) Reimbursement shall be \$64 per hour. Units of less than one hour shall be prorated by 15 minute increments. A single 15 minute increment may be billed and reimbursed if greater than or equal to 8 minutes and less than 23 minutes."

The Division finds the following:

CPT Code 97546-WHCA - 31/2 hours per day X 4 days = 14 hours.

CPT Code 97545-WHCA – 2 hours per day X 4 days = 8 hours

Therefore, per 28 Texas Administrative Code §134.204(h)(1)(A) and (3)(A) and (B), the MAR for a CARF accredited program is \$64.00 per hour x 22 hours = \$1,408.00. The carrier paid \$960.00. Therefore, the difference between the MAR and amount paid is \$448.00. This amount is recommended for reimbursement.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$448.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$448.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____	_____	10/3/2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.